



PATIENT

Spencer Doucette-Breton

SPECIES

Canine

BREED

Cavalier

SEX

Male Neutered

AGE

11 years

WEIGHT

31lbs

INTERPRETED BY

Maggie Machen Lamy, DVM DACVIM (Cardiology)

IMAGING PERFORMED BY

Pamela Harrigan, RDCS

HOSPITAL NAME

Mass Veterinary Services

REFERRING VET

Dr. Masloski

INVOICE

30341

DATE

4/19/23

PRESENTING CLINICAL SIGNS

History: Recheck echo. History of chronic valvular disease - B2. Presently, Spencer continues to cough every night. He also has a mild, clear nasal discharge. Spencer is eating well with normal activity, although when playing with new puppy, he can have some exercise intolerance. On exam: NSR, grade IV/VI murmur with PMI left apical area radiating to right, PSS, lung fields clear, mm pink, moist, CRT<2. BP: 140mmHg x 4. Current medications: 1) Pimobendan/vetmedin 5mg 3/4 tab twice a day 2) Carprofen/rimadyl 25mg 1 tab twice a day *No sedation for study.

-Pertinent previous echo findings (3/23/22 Nancy Morris, DVM, DACVIM-C): LA 2.80 cm; LA:Ao 1.51; LV 3.74 cm; mild LAE, 4+ MR, 2+ TR (3 m/s; 36 mmHg), mild pulmonary hypertension

ECHOCARDIOGRAM FINDINGS

2D, m-mode, color flow and Doppler imaging is available.

Left ventricle: The LV diameter is borderline increased with hyperdynamic function. LV wall thicknesses are normal.

Left atrium: The left atrium is moderately dilated.

Mitral valve: The mitral valve is diffusely thickened with mild prolapse into the left atrial lumen. Moderate eccentric mitral regurgitation with a normal velocity.

Aortic valve/Aorta: The aortic valve is normal in morphology and mobility. Normal aortic outflow velocity; laminar flow. Trace aortic insufficiency.

Right ventricle: Normal right ventricular diameter and morphology.

Right atrium: Normal RA dimension.

Tricuspid valve: The tricuspid valve appears mildly thickened with mild tricuspid regurgitation. Velocity consistent with early pulmonary hypertension.

Pulmonic valve/Pulmonary artery: The pulmonic valve is normal in morphology and mobility. No pulmonic insufficiency. Normal RVOT velocity; laminar flow.

Pericardium/other: No pericardial or pleural effusion noted. No obvious cardiac masses.

Heart rhythm: ECG reveals a sinus rhythm with an average HR of 150 bpm.

2-Dimensional Measurements

Ao diam (cm)	1.9
LA diam (cm)	3.3
LA:Ao (Swe)	1.7
IVS thickness (cm)	0.8
LVID diastole (cm)	3.6
PW thickness (cm)	0.8
LVID systole (cm)	1.8
FS (%)	50

Doppler Measurements

PV Vmax (m/s)	0.6
AoV Vmax (m/s)	1.4
MR Vmax (m/s)	5.9
TR Vmax (m/s)	2.8
TR PG (mmHg)	32

INTERPRETATION OF THE FINDINGS

Chronic degenerative valve disease persists with moderate mitral and mild tricuspid regurgitation. Compared to what is available from the prior study, findings appear similar with a slight increase in LA dimension. Pulmonary pressures are stable, and no additional issues are identified.

Given these findings, continued Pimobendan is recommended as below. Assessment of progression in the future will help predict long term outcome, however prognosis is guarded at this stage (B2).



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Spencer Doucette-Breton

The cough is suspected to be due to a combination of mainstem bronchi compression and potentially airway disease in this predisposed breed. Screening CXR, hydrocodone, etc. may be useful.

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RECOMMENDATIONS

- Continue Pimobendan 0.3mg/kg PO q12h.
- Consider CXR, hydrocodone, etc. as discussed.
- Omega fatty acid supplementation and mild salt restriction may be of some long-term benefit.
- Anesthetic risk is considered mild if needed. Cardiac protective drug choices (opioid/benzodiazepine premedication, propofol or alfaxalone induction, isoflurane gas) are recommended. Pre-oxygenate for 5-10 minutes prior to induction. Monitor for arrhythmias, hypotension, and hypoxia both intra and post-operatively and intervene as necessary. Mild IV fluid restriction is recommended to avoid fluid overload. Avoid heart rate stimulating drugs such as atropine unless clinically indicated.
- Monitor for development of a cough, labored breathing, exercise intolerance or collapse episodes.

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PLAN

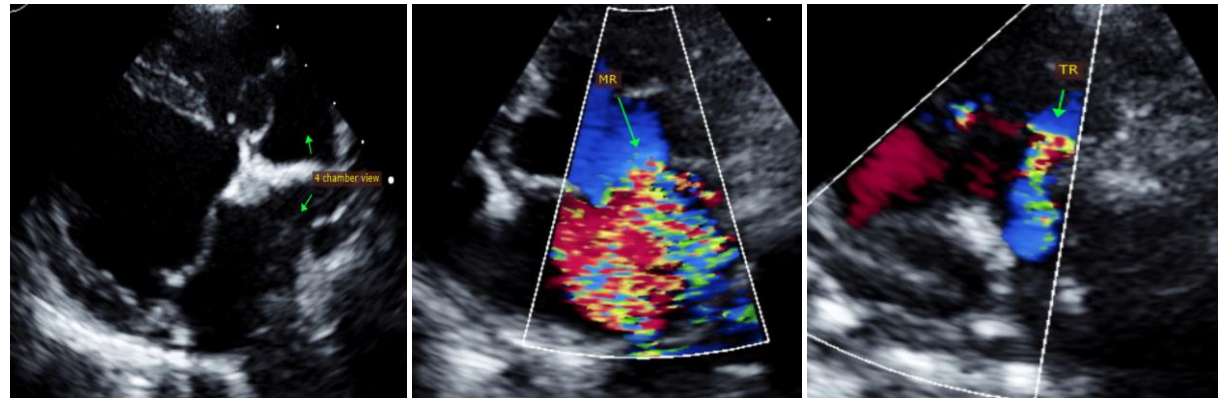
- Recommend conservative monitoring with a recheck echocardiogram in 6 months, sooner if any development of clinical signs.

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IMAGES

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The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

REFERRING VET

Dr. Masloski

Thank you for this referral. This report was generated using transcription software, and minor dictation errors may be present. If the clinical or image interpretation does not parallel your findings or if I can be of any further assistance, please contact me.

INVOICE

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Echocardiogram performed by:

Pamela Harrigan, RDCS
Pet Animal Ultrasound Service (4paus.com)